

Teachers' Retirement System of Oklahoma

P.O. Box 53524 Oklahoma City, OK 73152-3524

mytrs.trs.ok.gov 405-521-2387

VERIFICATION OF MILITARY SERVICE

Name		-	SSN#		
Address					
City	State	Zip		Phone#	
Email Address					
Present Employer			County		
Type of Military Service (Active Duty Service Only)			Entry Date		Discharge Date
A certified copy of the Form this form unless it is already copy has been signed by a Nota member must be an active, con Detailed information can be for	on file at the Teachers' Ret ry Public, stating the origina ontributing member to the und in TRS rules and laws	irement al docun system, which in	System of Conent has been and purchanclude, but a	Oklahoma. " I viewed. To se must be re not limite	Certified copy" means the purchase military service, made prior to retirement. ed to:
715:10-5-11: Military Servi Oklahoma service after years				rs must hav	ve two years of creditable
715:10-5-13: Military service active duty for a minimum of		nased fo	r any school	year in wh	ich the member served in
715:10-5-14: Military servic days.	e combined with Oklahoma	a service	e performed i	in the same	school year must total 180
715:10-5-16: Cost to purch member is called to active m and service credits in accord Services Employment and Reservices	nilitary duty. In this event, ance with Section 414(u) of	he/she s of the In	hall be allow	ved to make	contributions for benefits
715:10-5-18: No service pure for vesting purposes.	chased at actuarial cost can	be used	to meet the n	ninimum rec	quirement of five full years
I hereby declare and affirm tha	t the above information is t	rue and	correct to the	e best of my	knowledge.
Signature		:	Date		